

KENPAC PROVIDER CHANGE OF INFORMATION FORM

This form is used to add or close a KenPAC provider site.

- All changes that are a result of a change of ownership must be submitted on a new KenPAC application forms.

Please complete the form and mail or fax to:

Kentucky Medicaid,
P.O. Box 2110,
Frankfort, KY 40602-2110
Phone (877) 838-5085
Fax (502) 564-3232

_____, _____, _____
KenPAC Provider Name KenPAC Provider ID Number NPI

Please indicate the office site(s) in which you want to add or close in reference to the provider number listed above and indicate the appropriate action.		
Site 1	Name	
	Address	
	City/State/Zip	
	Action: <input type="checkbox"/> ADD <input type="checkbox"/> CLOSE	Site Number (only if closing a site):
	Days/Hours	Telephone
	Medicaid Number	KenPAC Site Number
	Quota (for this site only):	Age Range (for this site only):
Site 2	Name	
	Address	
	City/State/Zip	
	Action: <input type="checkbox"/> ADD <input type="checkbox"/> CLOSE	Site Number (only if closing a site):
	Days/Hours	Telephone
	Medicaid Number	KenPAC Site Number
	Quota (for this site only):	Age Range (for this site only):
Site 3	Name	
	Address	
	City/State/Zip	
	Action: <input type="checkbox"/> ADD <input type="checkbox"/> CLOSE	Site Number (only if closing a site):
	Days/Hours	Telephone
	Medicaid Number	KenPAC Site Number
	Quota (for this site only):	Age Range (for this site only):

Signed _____

Date _____

Title _____

Photocopy this form for additional sites to add or close.